



FLWEMS Paramedics Adult Protocol for the Management of:

HYPERTHERMIA

(Heat Injury)

Indications

To outline the paramedic care and management of the patient with suspected hyperthermia exposure and/or a core temperature of equal to or greater than (\geq) 40.0 degrees C (104.0°F). Signs & Symptoms May Include:

Heat Cramps: *Painful, involuntary, spasmodic contractions of skeletal muscle particularly in calves, thighs and shoulders. Usually occur in people who excessively sweat and replace fluid loss with water solutions. Most common in unacclimatized personnel. Heat cramps tend to occur after work is stopped and patient is relaxing.*

Heat Exhaustion: *Caused by loss of water (sweating) without adequate fluid replacement. The problem is basically hypovolemia (less fluid circulating in the body). Characterized by syndrome of non-specific symptoms to include: weakness, fatigue, dizziness or drowsiness, headaches, and nausea/vomiting. Additionally, tingling in arms or legs, rapid heart rate, and breathlessness may occur. Core temperature may or may not be elevated. There are no mental status changes.*

Heat Stroke: *Is a medical emergency and can be fatal if not treated promptly and correctly. It is caused by failure of the body's cooling mechanisms. Inadequate sweating is a factor. The casualty's skin may be flushed, hot and dry, or wet and clammy. The casualty may experience dizziness, confusion, headaches, irritability, combativeness, seizures, and nausea, unconsciousness and collapse may occur suddenly.*

Specific Reference

TB MED 507/AFPAM 48-152(I), Dated 07 March 2003

Procedure

1. Secure an airway as outlined in FLWEMS Paramedics Adult Protocol for the Management of Airway & Ventilation and administer supplemental **Oxygen** as needed. Intubate neurologically depressed patient to prevent aspiration.
2. Move patient to a cool environment.
3. Promote cooling by:
 - a. Removing patient clothing.
 - b. Applying cool water to patient.
 - c. Increasing air movement over patient.
 - d. Cold water immersion.
 - e. Wet sheets.
 - f. Ice sheets.
 - g. Spray water.
 - h. Fan.

NOTE: Avoid oral rehydration if airway compromise is evident or suspected.

4. Establish large bore IV of **0.9% NaCL**.
5. Administer IV bolus of 1000cc.

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6. May repeat IV bolus of 1000cc x1 as needed.

7. Reduce IV to 20-50cc/hr.

NOTE: Paramedics **SHALL NEVER** infuse cold or chilled IV fluids under any circumstances.

8. Check blood glucose level.

9. Refer to FLWEMS Paramedics Adult Protocol for the Management of Diabetic Emergencies as needed for hypoglycemia.

10. Monitor cardiac activity and initiate ACLS protocols for dysrhythmias.

11. Check rectal temperature.

12. If patient begins to shiver, contact Medical Control prior to administering **Diazepam** (Valium).

13. If seizures are confirmed, refer to FLWEMS Paramedics Adult Protocol for the Management of seizures.

14. Rapid transport to Emergency Department.

15. Contact Medical Control for further orders as needed.

CAIRA/Chemical Surety Considerations

None

Triage Considerations

Refer to S.T.A.R.T. Triage Protocol

END OF SOP – NOTHING FOLLOWS